



CITY COUNCIL AGENDA ITEM

Date: February 12, 2016

To: Brian Kischnick, City Manager

From: Mark F. Miller, Director of Economic and Community Development
Steven J. Vandette, City Engineer
Larysa Figol, Sr. Right of Way Representative

Subject: Request for Approval of Relocation Claim and Replacement Housing Determination Costs
John R Road Improvement Project, Square Lake to South Boulevard
Project No. 02.204.5 – Parcel 48 – Sidwell #88-20-02-228-011

Background

As part of the proposed John R Road Improvement Project – Square Lake to South Boulevard, City Council previously authorized the purchase of the property at 6769 John R from Awni A. and Fadia Abu-Joudeh. This parcel is located on the west side of John R Road, between Chancery Avenue and South Boulevard in the northeast ¼ of Section 2. Mr. and Mrs. Abu-Joudeh and their three children have found another home in Macomb County.

In accordance with Michigan Laws and Federal Regulations, the Abu-Joudeh's are eligible for reimbursement of some expenses associated with the acquisition of their new home including some closing costs, moving costs and certain expenditures needed to make repairs to the home to comply with decent, safe and sanitary standards as required by Federal Regulations

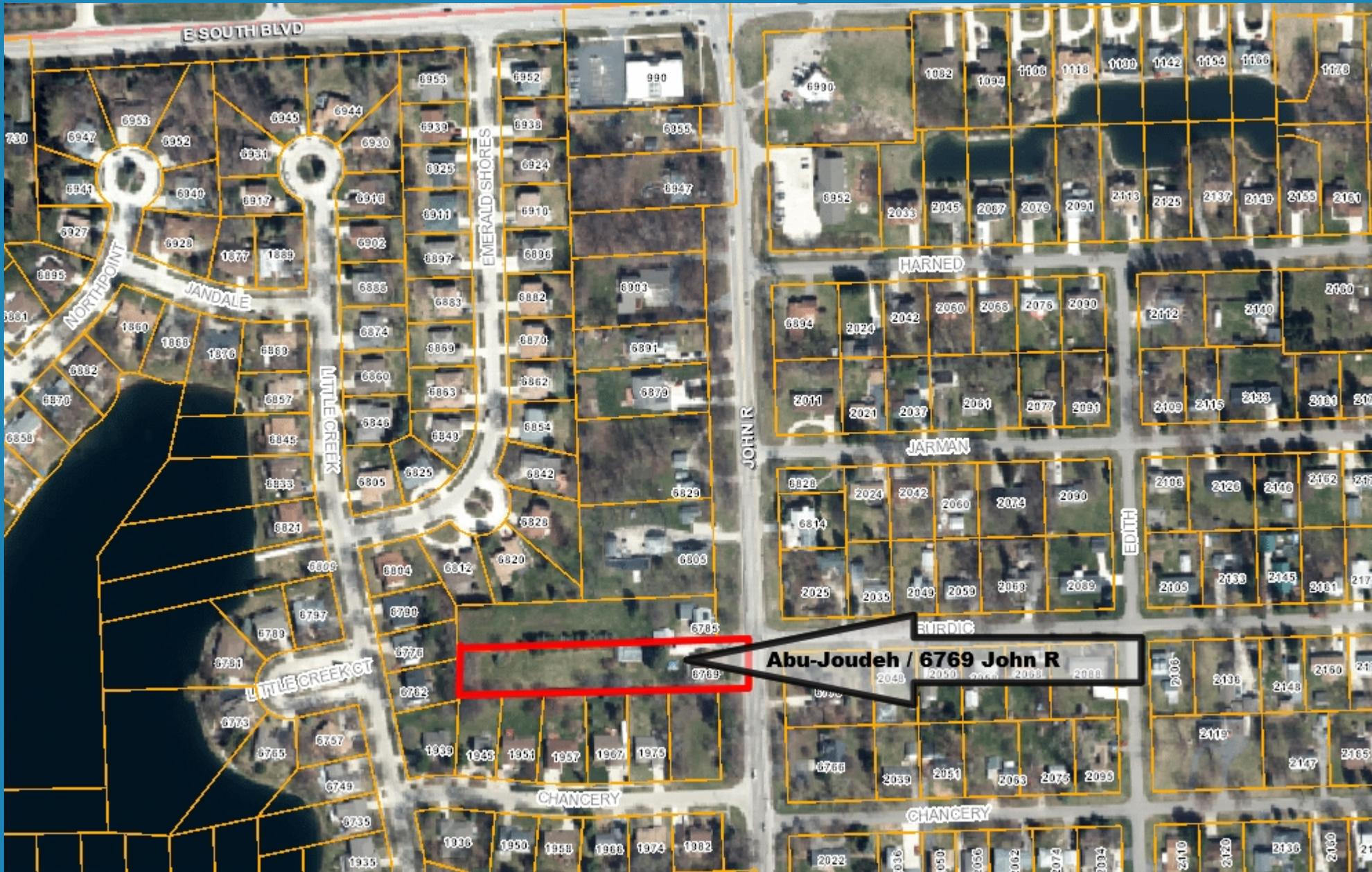
Staff has reviewed all receipts and quotes and determined that the Abu-Joudeh's are eligible for reimbursement of closing and moving costs in the amount of \$6,054.56 and Replacement Housing Determination costs in the amount of \$8,000 to meet decent, safe and sanitary requirements as required and allowed by Federal Regulations (49 CFR 24.404 (c)(ii)).

Recommendation

Staff requests that City Council approve the attached Relocation Claim and Replacement Housing Determination payments for a total reimbursement amount of \$14,054.56.

Fund Availability

Eighty percent of these costs will be reimbursed from Federal funds. Funds for the City of Troy's share are available in the Major Roads Fund.



Abu-Joudeh / 6769 John R

648 0 324 648 Feet



Note: The information provided by this application has been compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. It is not a legally recorded map survey. Users of this data are hereby notified that the source information represented should be consulted for verification.

RELOCATION CLAIM

RESIDENTIAL

Information required by Act 31, P.A. 1970 as amended, and Act 277
P.A. of 1972, to process payment.

DISPLACEE'S NAME Patrick Abu-Joudeh, Pierre Abu-Joudeh, Awni Abu-Joudeh and Fadia Abu-Joudeh	
ACQUIRED PROPERTY ADDRESS AND PHONE 6769 John R Troy, MI 48085	REPLACEMENT PROPERTY ADDRESS AND PHONE 16577 Howard Macomb, MI 48042

CONTROLLING DATES

DATE OF MOVE 8-17-2015	DATE OF FINAL PAYMENT	DATE OF ESTIMATED JUST COMPENSATION DEPOSIT
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MUST OCCUPY REPLACEMENT PROPERTY BY:

If Tenant, 12 months after date of move	DATE
If Secured Owner, 12 months after date of final payment	DATE 8/27/15
If Unsecured Owner, 12 months after date of estimated just compensation deposit	DATE

MUST FILE CLAIM FOR PAYMENT BY:

If Tenant, 18 months after date of move	DATE
If Owner, 18 months after date of move or final payment, whichever is later	DATE 2/17/17

RELOCATION PAYMENTS

Replacement Housing Supplement	\$	0.00
Incidental Closing Costs	\$	913.56
Increased Interest Differential	\$	
Replacement Rental Supplement/Purchase Down Payment	\$	
Moving Expenses	\$	5,141.00
AMOUNT DUE:	\$	6,054.56

MOVE VERIFIED BY MDOT

I/WE AGREE PAYMENT WILL BE SENT TO

16557 Howard Dr Macomb, MI 48042

I/WE CERTIFY THAT:

- All information submitted is true and correct.
- I/We have purchased or rented and occupied, or will purchase or rent and occupy, a replacement dwelling which is decent, safe, and sanitary within the standards prescribed by the Michigan Department of Transportation.
- I/We have vacated or will vacate the state acquired property.
- I/We have not submitted any other claim, or received reimbursement from any other source, for expenses itemized on this claim.
- I/We agree if the amount of compensation is increased in an administrative settlement or condemnation action, the Housing Supplement shall be recalculated based upon the increased compensation award, and any overpayment in the Housing Supplement shall be deducted by the department from the final payment.
- I/We are a legal resident of the United States.

DISPLACEE'S SIGNATURE	DATE	DISPLACEE'S SIGNATURE	DATE
	2/16/16		

I/We certify that I/we have examined this claim and the substantiating documentation and have found it to conform to the applicable State and Federal laws and the operating procedures of the Michigan Department of Transportation.

RECOMMENDED BY:	DATE	APPROVED BY:	DATE
			1-12-16

CONTROL SECTION EDCF63544	JOB NO. 56247B	PARCEL #48 - 20-02-228-031	NAME Abu-Joudeh
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REPLACEMENT HOUSING SUPPLEMENT

a) Listing price of comparable dwelling		c) Acquisition price of state acquired dwelling	
b) Sale price of replacement dwelling		d) Lower of "a" or "b" minus "c"	
			AMOUNT DUE:

INCIDENTAL CLOSING COSTS

Administrative fee		Mortgage Application fee	
Appraisal fee		Mortgage Insurance*	
Assumption fee		Notary fee	
Certification fee		Overnight fee	
Closing and/or Escrow fee	200.00	Permits	
Credit Report		Processing fee	
Discount Points*		Recording fee	18.50
Document Preparation fee		Survey fee	
Inspections	375.00	Tax Service fee	
Legal fee		Title Insurance fee**	
Loan Origination fee*		Underwriting fee	
Mobile Home Title Transfer fee**		Other compliance fee to 1st realtor	295.00
Mobile Home Sales Tax **		Other Waste Management	24.76
* Limited to balance of existing mortgage ** limited to listing price of highest comparable			
			AMOUNT DUE: \$913.56

INCREASED INTEREST DIFFERENTIAL

Current Mortgage Balance		New Mortgage Balance	
Current Mortgage Interest Rate		New Interest Rate	
Current Mortgage Payment		New Mortgage Term	
		Mortgage Points	
			AMOUNT DUE:

REPLACEMENT RENTAL SUPPLEMENT/PURCHASE DOWN PAYMENT

	PER MONTH	X 42 MONTHS	
a) Comparable rent + utilities			d) Rental Supplement (lower of "a" or "b" minus "c")
b) Replacement rent + utilities			e) Purchase Down Payment (greater of "d" or \$7,200)
c) Actual/Economic rent + utilities OR 30% of monthly income			AMOUNT DUE:

SELF MOVE - FIXED COST

# OF ROOMS	PAYMENT	# OF ROOMS OF PERSONAL PROPERTY	
1	\$700.00	Living Room	Pole Barn
2	\$950.00	Dining Room	Shed
3	\$1,150.00	Family Room	Attic
4	\$1,300.00	Bedrooms	Basement
5	\$1,450.00	Kitchen	Porch
6	\$1,600.00	Laundry	Garage
7	\$1,750.00	Den or Office	Other
8	\$1,900.00		TOTAL
Each Add. Room	\$300.00		AMOUNT DUE:

SELF MOVE - ACTUAL COST (supported by receipts)

Equipment cost		Hourly labor rate (capped at industry labor rate)	
Supply cost			AMOUNT DUE:

COMMERCIAL MOVE

Moving company invoice		AMOUNT DUE: \$5,141.00
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STORAGE COSTS

Monthly storage rate		X number of months (limited 12)		AMOUNT DUE:
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REPLACEMENT HOUSING DETERMINATION

DISPLACEE Awni and Fadia Abu-Joudeh	ADDRESS OF ACQUIRED DWELLING 6769 John R	OCCUPIED SINCE (M/Y) 01/1999
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OCCUPANT INFORMATION

# OF PARENTS 2	TOTAL # OF CHILDREN 3	# OF MALE CHILDREN 2	AGES 36 & 33	# OF FEMALE CHILDREN 1	AGES 20
# OF OTHER MALES IN HOUSEHOLD (Not included above)			# OF OTHER FEMALES IN HOUSEHOLD (Not included above)		

ACQUIRED DWELLING INFORMATION

FAIR MARKET VALUE \$275,000	SQUARE FEET	BEDROOMS 4
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COMPARABLE HOUSING

	ADDRESS	SQUARE FEET	BEDROOMS	LISTING PRICE
1*	n/a			\$
2				\$
3				\$

LISTING PRICE OF COMPARABLE #1	\$
LESS ACQUISITION PRICE OF ACQUIRED DWELLING (125% of fair market value)	\$
DISPLACEE IS ELIGIBLE FOR MAXIMUM HOUSING SUPPLEMENT OF:	\$ 8,000.00

REMARKS

New relocation housing purchased in Macomb County. Necessary repairs required to bring house up to DS&S (decent, safe & sanitary) standards. Mr. Abu-Joudeh has medical/breathing issues (medical certificate provided)
Replacement home has air quality issues. Requires repairs, painting, replacement of flooring and some drywall.

LAST RESORT (Check if any apply):

- Housing supplement exceeds \$31,000
- Displacee has resided in the acquired dwelling for less than 90 days prior to the initiation of negotiations.

CERTIFICATION

I hereby certify that this determination of supplemental payment is to be used in connection with a Federal Aid Highway Project. I have no direct or indirect present or planned future personal interest in this property, nor in any way benefit as a result of the acquisition of the property involved in this transaction. I have verified that the named displacee has been in occupancy as noted. I have reviewed all listings and, in my opinion, the listings meet the standards prescribed for decent, safe, and sanitary housing. The basis for the determination of the supplemental payment is as shown above.

PREPARED BY (Signature) 	NAME/TITLE Sr. Right-of-Way Representative	DATE 01/12/2016
REVIEWED BY (Signature) 	NAME/TITLE	DATE
CONTROL SECTION EDCF63544	PARCEL #88-20-02-228-031 (parcel 48)	NAME Abu-Joudeh
JOB NO. 56247B	FED. ITEM NO. RR 4528	FED. PROJ. NO. MG0563(032)

*Most expensive decent, safe and sanitary comparable